Separation of Duty Exceptions Log							
District:							
Site Location:							
Supervisor:							
	800						SUPERVISOR
				······		Initials and	
Date of Exception	Time	Client's Name	Client's ID Number	Employee's Name	Reason for Exception	Date of Review	Finding/Follow-up
Exception		Name	Number	Name	Exception	Review	Finding/Follow-up
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	VII.						
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	isonomico						
Signati	ure of District	: Director:					
			Date:				